

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90039 045 \*\*\*150.00

DOCUMENT # P0000008734

1. Entity Name  
 ASHBRIE CINEMA, INC.



Principal Place of Business  
 1233 CRANE COVE BLVD  
 GULF BREEZE, FL 32563

Mailing Address  
 P.O. BOX 1524  
 GULF BREEZE, FL 32562



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2541590	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CAMPBELL, JAMES S  
 3 W. GARDEN ST., STE. 700  
 PENSACOLA, FL 32501

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OFFERDAHL, NELS P
STREET ADDRESS	1323 SOUNDVIEW TRAIL
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	D
NAME	OFFERDAHL, ABBIE L
STREET ADDRESS	1323 SOUNDVIEW TRAIL
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELS POPPERDAHL 4/5/07 8509343315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #